



DECLARATION AND POWER OF ATTORNEY FOR PATENT
APPLICATION

Attorney Docket No.: 02AG33853417

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated
below next to my name,

I believe I am the original, first and sole inventor (if only one
name is listed below) or an original, first and joint inventor
(if plural names are listed below) of the subject matter which is
claimed and for which a patent is sought on the invention
entitled: METHOD FOR CONTROLLING INTERRUPTS AND AUXILIARY CONTROL
CIRCUIT, the specification of which:

(check one)

_____ is attached hereto

X was filed on December 3, 2003

as Application Serial No. 10/727,147

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents
of the above-identified specification, including the claims, as
amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material
to the examination of this application in accordance with Title
37, Code of Federal Regulation, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United
States Code, 119 of any foreign application(s) for patent or
inventor's certificate listed below and have also identified
below any foreign application for patent or inventor's
certificate having a filing date before that of the application
on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

VA2002A000066	IT	4 December 2002	[X]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	[]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	[]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Appln Serial No.)	(Filing Date)	(Status)
		(patented, pending, aban.)

_____	_____	_____
(Appln Serial No.)	(Filing Date)	(Status)
		(patented, pending, aban.)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

English Language Declaration

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: **Christopher F. Regan**, Reg. No. 34,906; **Herbert L. Allen**, Reg. No. 25,322; **David L. Sigalow**, Reg. No. 36,006; **Richard K. Warther**, Reg. No. 32,180; **Michael W. Taylor**, Reg. No. 43,182; **Henry Estevez**, Reg. No. 37,823; **Paul J. Ditmyer**, Reg. No. 40,455; **John F. Woodson, II**, Reg. No. 45,236; **Charles E. Wands**, Reg. No. 25,649; **Jacqueline E. Hartt**, Reg. No. 37,845; **Carl Napolitano**, Reg. No. 37,405; **David L. Stewart**, Reg. No. 37,578 and **Lisa K. Jorgenson**, Reg. No. 34,845.

Send Correspondence to:

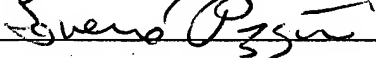
CHRISTOPHER F. REGAN, ESQUIRE
ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.
P.O. Box 3791
Orlando, Florida 32802-3791

Direct Telephone Calls to:

Christopher F. Regan
(407) 841-2330

Full name of sole inventor: **Saverio PEZZINI**

Inventor's

Signature: 

Date: 20/01/2009

Residence: **Vimercate, Italy**

Citizenship: **Citizen of Italy**

Mailing Address: **Via Istria, 5**
20059 Vimercate, Italy